

Landscape Architect Examination Application Instructions

Requirements for Landscape Architect registration in Washington are based on a minimum of seven years of combined education and practical work experience, plus completion of an examination. Washington has adopted the Landscape Architect Registration Examination (LARE), prepared by the Council of Landscape Architectural Registration Boards (CLARB), as its registration examination.

Requirements to Take the Exam

1. An applicant must be of good moral character and at least 18 years of age.
2. Once an applicant has completed the academic requirement, the applicant may apply to take the examination. The application to sit for the examination must be on forms prescribed by the board and must include, at a minimum:
 - (a) Three references from landscape architects having personal knowledge of the applicant's landscape architectural experience;
 - (b) Transcripts of academic experience showing courses taken and degree received with registrar's seal/stamp/signature. Photocopies of transcripts are not acceptable (four years of credit will be granted for an accredited landscape architectural degree, three years of credit for a non-accredited landscape architectural degree and up to two years of credit for education with a non-accredited degree in a related field);
 - (c) A summary of the applicant's work experience;
 - (d) Required fees.

Application Process and Fees

1. Complete the application form.
2. Submit the current application fee and exam fees to P.O. Box 9048, Olympia, WA 98507-9048. Application fees are non-refundable.
3. Complete the LARE Information Guide and Registration Form by marking the sections to be taken. The fee for the initial application and exam charges may be combined in one check and mailed to P.O. Box 9048, Olympia, WA 98507-9048.
4. Ensure that the application, transcripts, references from 3 landscape architects and LARE Information Guide and Registration Form are submitted prior to April 1 for the June exam and October 1 for the December exam.
5. Notice of admission to exams will be mailed approximately six weeks in advance of the exam, along with the date, time, and place of the exam.

Examination Information

The entire LARE is given over a three-day period in June. Sections C & E are given in December. The LARE is divided into five sections:

- | | |
|-----------|---|
| Section A | Legal and Administrative Aspects of practice |
| Section B | Analytical Aspects of Practice |
| Section C | Planning and Site Design |
| Section D | Structural Considerations and Materials and Methods of construction |
| Section E | Grading, Drainage and Storm Water Management |

You must successfully complete the entire exam within a five-year period. You may retake any section not passed, but may not carry passing scores forward beyond the five-year period. There is a re-exam administrative fee in addition to exam fees for any sections retaken. Exam fees will not be refunded after the examinations are ordered.

Additional Requirements for Licensure

Following successful completion of the exam, the Landscape Architect Board office staff will notify the you about how to complete the remaining steps to licensure. The information will include a request for:

1. Employment and experience forms to update applicant's file to total the seven year requirement for licensure;
 - (a) No practical work experience prior to graduation from high school will be accepted.
 - (b) Full-time work experience must include at least 35 hours per week for 10 consecutive weeks.
 - (c) Part-time work experience must include at least 20 hours per week for six consecutive months.
2. A written review of the Growth Management Act, the State Environmental Policy Act, the Endangered Species Act, the Shoreline Management Act, and The Law Relating to Landscape Architects. The landscape architect law will be provided and the other laws can be accessed at: www.dol.wa.gov/design/lafront.htm
3. Fee for the initial two-year license.

Your license will be issued upon approval of the Board. A wall certificate suitable for framing and instructions for obtaining a Washington State Landscape Architect seal will be mailed to you in approximately 30 days. You must notify the Board office in writing of any address or telephone number changes that may have occurred during the application and examination process.

For questions, please call the board office at (360) 664-1388.

Landscape Architect Reciprocity Application Instructions

The requirements for landscape architect registration in Washington are based on a minimum of seven years of combined education and practical work experience. The Board has adopted the Landscape Architect Registration Examination (LARE), prepared by the Council of Landscape Architectural Registration Boards (CLARB), as its registration examination.

Reciprocity Qualification Requirements

1. Applicants must be of good moral character and at least 18 years of age.
2. Applicants with an accredited bachelor's degree in landscape architecture must have a minimum of three years of practical work experience approved by the Board.
3. Applicants without an accredited landscape architectural degree must have seven years of practical work experience. Up to two years of credit may be given for non-accredited degrees or for architecture or civil engineering degrees.
4. Applicants must have successfully completed the Landscape Architect Registration Examination (LARE) or the Uniform National Examination (UNE).
5. Applicants must have a landscape architect license and be in good standing in another recognized jurisdiction.

Reciprocity Application and Fees

Please complete the following steps:

1. Complete the application form.
2. Submit the current application fee and initial two-year registration fee to P.O. Box 9048, Olympia, WA 98507-9048. Application fees will not be refunded.
3. Submit the following to P.O. Box 9045, Olympia, WA 98507-9045:
 - Transcripts (not needed if licensed for 7 or more years);
 - Employment and Experience Summary forms (not needed if licensed for 7 or more years);
 - References from 3 landscape architects;
 - If self employment is claimed, references need to be filled out by someone reviewing the applicant's work.
4. Provide state certification of completion of the LARE or the UNE, including examination scores.
5. Provide state certification of a current valid landscape architect license in another recognized jurisdiction.
6. Satisfactorily complete the review of laws related to the practice of landscape architecture as determined by the board.

Licensing Information

The applicant's license will be issued upon approval of the Board. A wall certificate suitable for framing, and instructions for obtaining a Washington State Landscape Architect Seal, will be mailed to the applicant in approximately 30 days. Applicants must notify the Board office in writing of any address change to ensure receipt of renewal notices. Applicants should contact the board office at (360) 664-1388 if there are any questions.

Mailing Instructions

The application, LARE information Guide, and licensing fees must be mailed to: **Board of Registration for Landscape Architects, P.O. Box 9048, Olympia, WA 98507-9048.**

The Landscape Architect Applicant Employment and Experience Summary form, transcripts, and references must be mailed to: **Board of Registration for Landscape Architects, P.O. Box 9045, Olympia, WA 98507-9045.**

Landscape Architect Registration Application



FOR VALIDATION ONLY

003-070-249-01-0000

Application Method (check one):

☐ **Examination**

 ☐ **Reciprocity**

Make remittance payable to: State Treasurer

Send this application with your remittance to:

Board of Registration for Architects

PO Box 9048

Olympia, WA 98507-9048

PLEASE TYPE OR PRINT CLEARLY IN DARK INK

Personal Information **Print your name as you wish it to appear on your certificate**

Name (Last, First, Middle)		Maiden Name (If Applicable)	Gender (F or M)	Date of Birth (Month, Day, Year)	
Street Address				Social Security No. (Required per RCW 26.23.150)	
City			State	Zip Code	County
Telephone No. (During Normal Business Hours) ()		FAX No. ()		Home Telephone No. (Optional) ()	
If applying by reciprocity, indicate state of current registration	Reg. State	Date of Original Registration		Registration No.	

Educational Background

Name of Colleges, Universities, Technical Schools	Location	Dates of Attendance From/To	Degree

Complete the Following Only if Applying by Reciprocity

- | | | |
|---|-------------------------------------|------------------------------------|
| 1. Have you ever been involved in litigation regarding Landscape Architecture | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you ever served a client in the state of Washington? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Has your registration been revoked or suspended in any licensing jurisdiction? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Have you been denied registration in any licensing jurisdiction? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If answer to any above is **Yes**, attach a separate explanation (8-1/2" X 11" sheet).

**Upon Filing, This Application Becomes a Public Record and is
Subject to Public Disclosure Provisions Under RCW 42.56**

Qualifying Experience – Place in chronological order.

Include only **practical work experience** performing activities involved in the practice of **landscape architecture*** (see below)

GIVE FULL NAME AND COMPLETE CURRENT ADDRESS OF EMPLOYER. INCLUDE SELF EMPLOYMENT AND MILITARY SERVICE.	Period of Employment		Length of Time		NATURE OF SERVICE PERFORMED MAGNITUDE OF PROJECTS, MAJOR DUTIES
	MO.	YR.	Full Time	Part Time	
	FROM		YRS.	YRS.	
	TO		MOS.	MOS.	
	FROM		YRS.	YRS.	
	TO		MOS.	MOS.	
	FROM		YRS.	YRS.	
	TO		MOS.	MOS.	
	FROM		YRS.	YRS.	
	TO		MOS.	MOS.	
	FROM		YRS.	YRS.	
	TO		MOS.	MOS.	
	FROM		YRS.	YRS.	
	TO		MOS.	MOS.	
	FROM		YRS.	YRS.	
	TO		MOS.	MOS.	
	FROM		YRS.	YRS.	
	TO		MOS.	MOS.	
	FROM		YRS.	YRS.	
	TO		MOS.	MOS.	
If additional space is required please attach on 8-1/2" X 11" sheet.	TOTAL		MOS.	MOS.	

* For full time credit, an applicant must work at least 35 hours per week for a minimum period of ten consecutive weeks.
For part time credit, an applicant must work at least 20 hours per week in periods of six or more consecutive months.

Certification

I hereby authorize any business associates (past and present) and any governmental agencies (local, state, or federal) to release any information, files or records which may be required for a background investigation to the Department of Licensing.

I have carefully read the questions in the foregoing application and have answered them completely, without reservation of any kind. Should I furnish any false information in this application, I hereby agree that such act may constitute cause for the denial, suspension or revocation of my license to practice in the state of Washington.

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

X

SIGNATURE

DATE

Landscape Architect Applicant Employment and Experience Summary

Please check one:

☐ **Exam** ☐ **Reciprocity**

Overview

The individual whose name appears below has applied to the Board for landscape architect registration. As a former supervisor, you will provide information that will be used to determine the applicant's eligibility for entrance into the examination process or for reciprocal registration. Entrance to the examination may depend on this experience so specific dates are important. For exam applicants, please complete this form as soon as possible to ensure that the applicant can be admitted to the next scheduled examination.

Experience Verification

Applicant's Name							
Address (Street, City, State, Zip)							
Worked Under My Supervision at (Name of Firm)							
From (Month, Day, Year)	To (Month, Day, Year)	Total Calendar Months	Total Months Part-time (and Hours per Week)	Total Months Full-time*			
Percentage of time in the following activities: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Client Relations <input type="checkbox"/> Site Design & Planning <input type="checkbox"/> Construction Materials & Methods <input type="checkbox"/> Plant Selection & Use <input type="checkbox"/> Coordination with Consultants <input type="checkbox"/> Working Drawings <input type="checkbox"/> Construction Supervision </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Specification Writing <input type="checkbox"/> Cost Estimating <input type="checkbox"/> Field Inspections <input type="checkbox"/> Inspection Reports & Change Orders <input type="checkbox"/> Contract Administration <input type="checkbox"/> Office Administration <input type="checkbox"/> Other </td> </tr> </table>					<input type="checkbox"/> Client Relations <input type="checkbox"/> Site Design & Planning <input type="checkbox"/> Construction Materials & Methods <input type="checkbox"/> Plant Selection & Use <input type="checkbox"/> Coordination with Consultants <input type="checkbox"/> Working Drawings <input type="checkbox"/> Construction Supervision	<input type="checkbox"/> Specification Writing <input type="checkbox"/> Cost Estimating <input type="checkbox"/> Field Inspections <input type="checkbox"/> Inspection Reports & Change Orders <input type="checkbox"/> Contract Administration <input type="checkbox"/> Office Administration <input type="checkbox"/> Other	*35 or more hours per week
<input type="checkbox"/> Client Relations <input type="checkbox"/> Site Design & Planning <input type="checkbox"/> Construction Materials & Methods <input type="checkbox"/> Plant Selection & Use <input type="checkbox"/> Coordination with Consultants <input type="checkbox"/> Working Drawings <input type="checkbox"/> Construction Supervision	<input type="checkbox"/> Specification Writing <input type="checkbox"/> Cost Estimating <input type="checkbox"/> Field Inspections <input type="checkbox"/> Inspection Reports & Change Orders <input type="checkbox"/> Contract Administration <input type="checkbox"/> Office Administration <input type="checkbox"/> Other						
Comments							
While the above applicant was under my supervision, my professional status was as follows:							
Name of Firm							
Address (Street, City, State, Zip)							
Position in Firm			Telephone No. ()				
Major Product or Service of Firm							
State of Registration	License No.		Date of Registration				
Signature X			Date				
Printed or Typed Name							



Landscape Architect Reference Statement

**Do Not Use Former
College Professors, Employees, or Relatives**

Please check one:

☐ **EXAMINATION** ☐ **RECIPROCITY**

OVERVIEW — Washington State requires applicants for examination and reciprocity to furnish references from licensed landscape architects in support of their application. The applicant and the board appreciate your courtesy in furnishing this reference statement. The applicant has completed the upper half of this form. Please complete the lower half ("*Respondent*"). You may also make additional comments on the back of this form. If you prefer, you may return this form directly to us at the above address, or return it to the applicant for submission to us. As the applicant is working toward a deadline, your prompt attention is appreciated.

Applicant – complete this section

Applicant Name (<i>Last, First, Middle</i>)	
Address (<i>Street, City, State, Zip</i>)	
1) Have you and respondent attended landscape architectural school together? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates	
Name of School	
2) Have you been employed by or been members of the same firm? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the following:	
Date (<i>From - To</i>)	Name of Firm
Address (<i>Street, City, State, Zip</i>)	
Applicant's Position	
Respondent's Position	
3) Have you known each other in other connections? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates and explain	

Respondent – complete this section

A) Is the above information correct as stated? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain on reverse															
B) Please indicate your expert opinion as to the applicant's qualifications to practice Landscape Architecture by applying one of the following terms to each phase of practice: <table style="width: 100%;"> <tr> <td>TECHNICAL COMPETENCE:</td> <td><input type="checkbox"/> EXCELLENT</td> <td><input type="checkbox"/> GOOD</td> <td><input type="checkbox"/> SATISFACTORY</td> <td><input type="checkbox"/> INADEQUATE</td> <td><input type="checkbox"/> UNKNOWN</td> </tr> <tr> <td>PROFESSIONAL INTEGRITY:</td> <td><input type="checkbox"/> EXCELLENT</td> <td><input type="checkbox"/> GOOD</td> <td><input type="checkbox"/> SATISFACTORY</td> <td><input type="checkbox"/> INADEQUATE</td> <td><input type="checkbox"/> UNKNOWN</td> </tr> </table> Please indicate your expert opinion based on personal review of applicant's work.				TECHNICAL COMPETENCE:	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> SATISFACTORY	<input type="checkbox"/> INADEQUATE	<input type="checkbox"/> UNKNOWN	PROFESSIONAL INTEGRITY:	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> SATISFACTORY	<input type="checkbox"/> INADEQUATE	<input type="checkbox"/> UNKNOWN
TECHNICAL COMPETENCE:	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> SATISFACTORY	<input type="checkbox"/> INADEQUATE	<input type="checkbox"/> UNKNOWN										
PROFESSIONAL INTEGRITY:	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> SATISFACTORY	<input type="checkbox"/> INADEQUATE	<input type="checkbox"/> UNKNOWN										
C) Do you consider him/her a competent practitioner? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not qualified to answer															
Name of Person Supplying Information (<i>Please Type or Print</i>)															
State of Landscape Architectural Registration	Landscape Architect License No.	Years of Registration													
Name of Firm	Telephone No. ()	Position in Firm													
Signature X			Date												

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 664-1388 or TTY (360) 664-8885.